

D-R-A-F-T

STATEWIDE PROGRAM STANDING COMMITTEE FOR ADULT MENTAL HEALTH

Meeting Notes April 10, 2006

MEMBERS: Marty Roberts, Clare Munat, David Mitchell, Jim Walsh, Kitty Gallagher, George Karabakakis, Sue Powers
DMH STAFF: Frank Reed, Dawn Philibert, Beth Tanzman, Terry Rowe, Paul Blake
PUBLIC: Scott Thompson

Introductions, Minutes & Agenda

Marty Roberts and Clare Munat co-facilitated the meeting. Kitty announced that she would not be able to attend the June 12 meeting. The meeting notes from the 3/13/06 meeting were unanimously accepted.

Terry Rowe on VSH

Terry discussed the recently completed safety report which is currently being reviewed by the AHS Secretary. One major issue was identified in the report, relating to the South stairwell in Brooks building that has a half wall. A full wall is recommended to prevent anyone from jumping down to a lower level. Several minor issues were identified and appear to have been overlooked in earlier corrections, such as safety screws being missing and under-sink pipes not being covered in one area. Terry clarified some earlier concerns about the Brooks Rehab. fire egress violating fire code because of distance to the egress from beds as inaccurate. Upon further review, the Fire Marshall has determined that this is a detention and a treatment facility and, therefore, this area meets the fire exit standard for distance between beds and the fire egress for such a facility. The report also stated that the physical environment is dark, cramped and not conducive to treating people with mental illness.

Terry and others recently reported on VSH to the legislature and answered many questions about treatment and safety. There is now a 1:4 nurse to patient ratio (not counting charge nurses), and 5 nursing vacancies. There is also a need to recruit consumers for the Governing Body. Terry added that the Board of Health granted VSH a 6 month conditional license in January with requirements for monthly reports. These reports are made on a regular basis. It is not clear what the Board will do in June.

Terry stated that the FAHC contract has been developed to delineate the details of responsibilities, and that progress has been made regarding CMS compliance. Licensing and Protection has recently reviewed VSH and, based on deficiencies noted during the exit interview, found that VSH met "conditions of hospital participation".

Terry reported that VSH continues to work on the many issues identified in the Department of Justice Report. The DOJ will return to Vermont on May 8 for a site visit to see what progress has been made. A Settlement Agreement between VSH and DOJ is still pending and being reviewed by the US Attorney General.

Act 114 Report

Clare stated that the report was generally positive and thanked Marty Roberts for all her efforts in getting consumers involved in providing input. Terry Rowe recognized VSH employee Fawn Commo's efforts for tracking and organizing the documentation that was reflected in the report. Terry stated that the leadership team is taking this work seriously and believes they are providing and demonstrating improved care. A question was raised about newly admitted patients' orientation and ability to understand the implications of Act 114. A patient representative might be helpful in this process as long as the respective roles of all the involved players are clear. The opportunity for patients to have a designated support person was briefly discussed. Terry said that the challenge is often making sure that the designated support person's availability coincides with the medication administration schedule. Terry also reported that it is unclear when Act 114 will be implemented outside of VSH.

The issue of interpreters was raised, as there has recently been a VSH patient who could not speak English. Frank referenced that the VSH staff can use the State's interpreter services protocol and Jim Walsh stated that his hospital subscribes to a phone interpreter service.

There was consensus that, in general, the report documented progress.

Futures Update

Beth presented the update of the Futures Plan that was approved by the Mental Health Oversight Committee on 3/22/06. She distributed the plan. She added that the plan attempts to reach a balance between inpatient and community resources and that it is consistent with the policy and values of Vermont's mental health system. She highlighted the following elements of the plan and emphasized that this plan is contingent on Vermont continuing to support and sustain its current inpatient and community-based service system:

- New inpatient care capacity of 32 beds, 12 of which would have a higher level of care than that currently available at VSH or the designated hospitals. These beds would be located in three settings with the preponderance of them being located at Fletcher Allen and 2 smaller units located in Rutland and at the Brattleboro Retreat.
- Residential Recovery programs of 24 beds, and a secure residential treatment program of 6 beds.
- 10 new crisis stabilization beds in addition to the 19 which currently exist.
- A care management program which is still being developed but will guide how determinations will be made about which type of "bed" is most appropriate for each individual. The system will set Vermont uniform standards for making these determinations and for guiding decisions about how people move through the system.
- Peer programming for which \$200,000 per year has been requested

- New housing projects, although the committee has not done much work to date on this issue.
- New resources for legal services that will increase due to the decentralized model
- Many other needed support services have been identified such as offender re-entry services to reduce recidivism
- All of this planning must proceed while simultaneously supporting the current VSH

Beth discussed the issue of the new inpatient facility(ies) being subject to BISHCA jurisdiction for CON review and the complications and delays such a regulatory process would create. Much of the work required in a CON review has already been done as part of the Futures Plan, and a duplicative process would extend the timeline by at least 2 years. The state will ask for an exemption from CON review, but it is unclear how favorably the legislature will view this. Beth added that architects are now developing facility plans for new space based on input that has been provided by many experienced stakeholders, and the facility plans are being developed for both stand-alone structures and structures that are integrated into existing facilities.

Beth reported that a state employees work group is working monthly to explore the labor issues associated with implementing the Futures plan. She told the committee that the actuarial study to project demand for services should be out in a couple of weeks and that this projection will provide us with a different perspective on the number and types of beds that Vermont will need in the future. A question was asked how this plan ties into the Corrections Mental Health Plan. Beth said that although the actuaries have looked at projected inpatient demand by the corrections population, this plan is specifically focused on creating alternatives to the state hospital.

The committee commended Beth for a fine job on such an impressive plan. Beth reminded committee members that all of this information and the referenced documents are available on the VDH website as part of the weekly update. Beth finished by announcing two personnel changes. Judy Rosenstreich, a resident of Burlington Ward 1, has been hired as a senior policy analyst. John Howland has also left the Division as of last week.

Law Enforcement Mental Health Training

Discussion postponed until next month's meeting.

Transportation Update

Frank distributed a handout depicting projected demand for adult involuntary transports and revisions of earlier numbers. Based on FY 2005 actual data, the majority of emergency examinations (234) required secure transportation based on documentation reviewed by DMH and reports of the DA screeners. Approximately 123 transports appear related to other transports, such as medical appointments and civil court hearings; many from VSH rather than designated hospitals. The current estimate for persons who are in involuntary status and should be provided with alternative transportation to secure transport appears low. The Division is looking for situations where alternatives to secure transport might be possible, and options for so doing are being explored with the DA's. An RFP may also be needed for appropriate alternatives. The

Division recently was notified of a good outcome for a child who was able to be successfully transported without restraints given the extra effort of a particular sheriff in that county.

Recovery Report

Marty discussed the history and success of the recovery movement in Vermont and thanked Beth Tanzman for all her support during the past 8 years. She distributed to the group an article titled *Recovery at Washington County Mental Health* as well as a one-page comparison of the Medical (Rehab) model to the Recovery Model. She discussed the recovery celebrations that are held around the state and was thanked by Clare for all her leadership in the recovery movement.

NAMI Report Card

It was reported that Vermont did well on the Report Card in the area of recovery, but has work to do in other areas if it is to move forward with development of the comprehensive system envisioned in the Futures Plan. (Vermont's score card was distributed). The discussion centered on the fact that much of the report focused on VSH rather than some of the other areas in which Vermont has made progress such as on co-occurring disorders.

Consumer-Driven Services

Clare discussed a recently published report for the Center for Mental Health Services titled "Principles of Consumer-Driven Care". The report emphasized that new mental health services must be developed in a manner consistent with the values of consumer and family-driven care. She said that the Vermont has had a good track record of doing this and must continue to promote this recognizing that all services must be developed by balancing consumer input with political reality. ***A motion was made to support the principles of consumer-driven care, recognize that DMH's efforts have been consistent with these principles and emphasize that Vermont should continue to embrace and practice these principles in future initiatives. The motion was seconded and passed unanimously.***

Membership Committee Report

Three members of the Adult Standing Committee- Kitty, Gladys and Marty- have terms that expire on 4/30/06. Marty announced that she will stay on until a replacement is appointed or July, but no later. ***The membership committee has met and recommends that Scott Thompson be nominated and apply to the governor for appointment. This was put in the form of a motion that was seconded and passed unanimously.*** The Committee reminded Scott, who also expressed possible interest in serving on the VSH governing body, that individuals may not serve on both committees at the same time.

A discussion ensued about how to recruit new members and ensure their participation. A change of meeting space to accommodate participation by phone was discussed as was expecting interested parties to attend one or two meetings before pursuing their interest in being appointed. The term is three years, the Administrative Rules state that the Committee must have 9-15 members, and the Governor wants more than one nomination for each available slot. Frank

reviewed with the committee the existing definitions in the Administrative Rules for “consumer” and “disability” that afforded a broader pool of possible membership. The idea of broadening the Committee composition beyond CRT consumers and family was discussed with interest by the members present. Frank indicated that if the committee supported a larger pool of representation, he would discuss this with the substance abuse directors and outpatient programs to solicit ideas about potential nominees from their advisory groups. ***A motion was made to attempt to broaden the membership pool of the Adult Standing Committee by including consumers of mental health and substance abuse services who met existing definitions of “consumer” and “disability” as set out in the Administrative rules on Agency Designation. The motion was seconded and passed unanimously without further discussion.***

In terms of having interested people attend the meeting, Frank said that he would support payment for each interested party to attend at least two meetings to determine if they are interested in being nominated for appointment by the governor. As the Governor’s Office has wanted “nominations” to pick from for appointment to the committee, this delay may create a gap between nomination and actual appointment. Frank agreed to consider ongoing funding as requested for nominees in a “pending” status for up to two months.

Report on Local Standing Committee Meeting

Clare reported on this meeting (minutes were taken) and said that there had been some discussion about the unsuccessful Vergennes and Greensboro proposals. The importance of changing the term “subacute” to “community residential recovery” was emphasized, and optimism was expressed about the Williamstown proposal. Beth and Paul attended to discuss Futures, and Tom Simpatico was there to talk about the continuum of care. There was discussion about needing to have uniform statewide standards for treatment such as those set out in LOCUS. George said this had been tried several years ago with mixed results. Some revisions are needed. He added that although LOCUS provides a common language, discharge planning between VSH and DA needs to be improved. Frank said that efforts are underway to improve the current exchange of information between DA’s and VSH using standardized transfer information from physicians, nurses, and social workers using either fax or an FTP site where encrypted information can be placed. Eventually, the plan is to have this process be a web-based system.

Division Updates

Paul Blake attended the latter part of the meeting and offered the following updates and announcements:

- Paul Jarris, Commissioner of VDH, has announced his resignation. It is unknown how long it will take to replace him.
- Paul stated that the futures work is going well, moving along and that DMH received support during the budget process.
- He discussed the issue of the overlap between the Futures process and the CON process (and conceptual CON review) that the Futures plan is facing for the new facility that will be built. He is hoping that the process will be able to proceed in a manner that is not duplicative in terms of the regulatory review and public input.

- Personnel postings were announced: The Program Chief position for the integrated dual-diagnosis CoSig grant has been posted for recruitment; The Director of Quality Management position has been approved and will soon be posted.

Public Comment

Scott Thompson reported on the public meeting on the Williamstown proposal. Some people expressed concern about the availability of police support, the lack of a local fire department and the fact that the facility would not pay any taxes because of its 501(c)(3) status. Clare expressed optimism that once this project is up and running, future projects will be easier to promote.

Governing Body

Two names have been submitted, and one has been suggested, for the VSH Governing Body. Clare will contact the individual who has been suggested to discuss their level of interest. Frank reviewed the eligibility criteria and that the membership sub-committee recommended that prior to nomination, interested individuals should attend a meeting of the Governing Body. The committee discussed the usefulness of the interested individual reporting back to the Standing Committee, so that they would have more information about the person on which to base their nomination.

Meeting Attendance

Concern was expressed about Standing Committee members missing meetings. Because the committee is small, it is important that members attend meetings. The question was raised about whether or not there should be a policy on excused and unexcused absences. It was agreed that the burden should be on the member to call ahead if they cannot be present and that, if necessary, we might have to relocate meetings to allow for teleconferencing. Concern was expressed about a member who has missed meetings; Marty agreed to call this individual.

May Agenda

The next meeting will be May 8, 2006 from 1-4:30 pm, following the Mental Health Bock Grant Planning Council meeting which will meet from 10 until noon. Both meetings will be in Stanley Hall, Room 100.

The following agenda items were identified:

- Law enforcement and mental health training – George K.
- HCRS designation discussion
- Block grant discussion and the Planning Council meeting
- Designation review schedule
- Update on Futures
- Williamstown Proposal
- Membership Committee
- Recovery

- VSH Update
- Division Update